

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009728
State File No.

FILED MAR 19 1959

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1095	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 16 YEARS		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) 4736 OAK ST.			
3. NAME OF DECEASED (Type or Print) a. (First) ORAN		b. (Middle) KIRK		c. (Last) Watkins		4. DATE OF DEATH (Month) (Day) (Year) 2 26 59	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 11/30/19	
9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Buffalo, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESIDENT		10b. KIND OF BUSINESS OR INDUSTRY COMET REAL ESTATE		13a. FATHER'S NAME ALBERT E. WATKINS		13b. MOTHER'S MAIDEN NAME GLASSIE SCOTT	
13c. NAME OF HUSBAND OR WIFE EDITH A. WATKINS		14. NAME OF HUSBAND OR WIFE EDITH A. WATKINS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 500-10-0611	
17. INFORMANT'S SIGNATURE OR NAME MRS. EDITH A. WATKINS-KANSAS CITY, MO.		18. ADDRESS 4736 OAK ST.		19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous hemorrhage from colon		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Ca of colon		3. DUE TO (b) Ca of colon		4. DUE TO (c)	
5. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma direct sigmoid colon with liver metastases		20. AUTOPSY? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 2-5-59 , to 2-26-59 , that I last saw the deceased alive on 2-26-59 , and that death occurred at 5:45 P.M. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) R. R. Coffey MD	
23b. ADDRESS 1103 Grand		23c. DATE SIGNED 2-26-59		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE FEB. 26, 1959	
24c. NAME OF CEMETERY OR CREMATORY OAK LAWN		24d. LOCATION (City, town, or county) (State) Buffalo, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE D. W. NEWCOMER'S SONS		25b. ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	
25c. DATE REC'D BY LOCAL REG. 2-27-59		25d. REGISTRAR'S SIGNATURE W. Marshall		25e. DATE 2-27-59		25f. SIGNATURE D. W. NEWCOMER'S SONS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
R. R. Coffey

MAR 20 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James W. Peterson*.....

Licensed Embalmer No. *4889*

P. O. Address *St. C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.